



## Application Data Sheet

### Application Information

Application number::	09/989240
Filing Date::	11/20/01
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHOD AND SYSTEM FOR ELECTRONIC DELIVERY OF SENSITIVE INFORMATION
Attorney Docket Number::	N0389.70001US00
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	Yes
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Stephen V.
Family Name::	Burakoff
City of Residence::	Chesnut Hill
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	137 Monadnock Road
City of mailing address::	Chesnut Hill

State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02167

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Sergiu S.  
Family Name:: Simmel  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
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City of mailing address:: Brookline  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert A.  
Family Name:: Fein  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 114 Greenlawn Ave.  
City of mailing address:: Newton  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02159

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Alex  
Family Name:: Magary  
City of Residence:: Andover  
State or Province of Residence:: MA  
Country of Residence:: US  
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City of mailing address:: Andover  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity

Given Name:: Leonard  
Family Name:: Driscoll  
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State or Province of Residence:: MA  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Garrett  
Family Name:: Wiley  
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State or Province of Residence:: MA  
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### **Correspondence Information**

Correspondence Customer Number:: 23628

### **Representative Information**

Representative Customer Number:: 23628

### **Domestic Priority Information**

### **Foreign Priority Information**

### **Assignee Information**

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